

# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

Tel. (978) 630-4013 (fax) (978) 632-4682

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Elm St. School	Date	9/26/18	Type of Operation(s)	Type of Inspection
Address	1160 Elm St.	Risk Level	NONE	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	(978) 632-1673	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	Gardner Public Schools	Time In:		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person-in-Charge (PIC)		Time Out:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Lauren Saunders	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.  
Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

### FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned/Knowledgeable/Duties

### EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands  
☐ 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time as a Public Health Control

### REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: Lauren Saunders	Print: Lauren Saunders	Page 1 of 1 Pages
PIC's Signature: Maria Sapeg	Print: Maria Sapeg	

Everything looks great!

# City of Gardner

## FOOD ESTABLISHMENT INSPECTION REPORT

Address: 95 Pleasant St.

Gardner, MA 01440

Tel. (978) 630-4013 [fax] (978) 632-4682

Name	Elm Street School	Date	6/11/19	Type of Operation(s)	Type of Inspection
Address	1160 Elm St.	Risk Level	NONE	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	(978) 632-1673	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	GPS	Time In:		<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Previous Inspection
Person-in-Charge (PIC)		Time Out:		<input type="checkbox"/> Mobile	Date:
Inspector	Lauren Saunders	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
					<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

### FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned/Knowledgeable/Duties

### EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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☐ 20. Time as a Public Health Control

### REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

### Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
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		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: Lauren Saunders	Print: Lauren Saunders	Page 1 of 1 Pages
PIC's Signature: Jennifer Richard	Print: Jennifer Richard	

\*PIPE UNDER SINK LEAKS - SHOULD BE REPLACED

# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

## FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (978) 630-4013 [fax] (978) 632-4682

Name: <u>Gardner Academy</u>	Date: <u>10/11/18</u>	Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address: <u>75 East Broadway</u>	Risk Level: <u>NONE</u>	Permit No.	
Telephone: <u>(978) 632-1606</u>	HACCP Y/N		
Owner: <u>Gardner Public Schools</u>	Time In: Out:		
Person-in-Charge (PIC)			
Inspector: <u>Lauren Saunders</u>			

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Non-compliance with:

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
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Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

### FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned/Knowledgeable/Duties

### EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source  
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### PROTECTION FROM CONTAMINATION

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### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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### REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

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### CONSUMER ADVISORY

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**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Lauren Saunders</u>	Print: <u>Lauren Saunders</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Carol Wood-Klesh</u>	Print: <u>Carol Wood-Klesh</u>	

# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

Tel. (978) 630-4013 [fax] (978) 632-4682

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Gardner High School	Date	9/26/18	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	200 Catherine St.	Risk Level	NONE	<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Re-inspection	Previous Inspection Date:
Telephone	(978) 632-1600	HACCP Y/N		<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation	<input type="checkbox"/> Suspect Illness
Owner	Gardner Public Schools	Time In:		<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint	<input type="checkbox"/> HACCP
Person-in-Charge (PIC)		Time Out:		Permit No.		<input type="checkbox"/> Other	
Inspector	Lauren Saunders						

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### FOOD PROTECTION MANAGEMENT

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### EMPLOYEE HEALTH

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**DATE OF RE-INSPECTION:**

Inspector's Signature	Lauren Saunders	Print:	Lauren Saunders
PIC's Signature:	Darcie Branch	Print:	Darcie Branch

Page 1 of 2 Pages

Establishment Name: Gardner High School Date: 9/26/18 Page: 2 of 2

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# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

## FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (978) 630-4013 [fax] (978) 632-4682

Name <b>Gardner High School</b>	Date <b>6/11/19</b>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <b>200 Catherine St.</b>	Risk Level	Permit No.	
Telephone <b>(978) 632-1600</b>			
Owner <b>GPS</b>	HACCP Y/N		
Person-in-Charge (PIC)	Time In:		
Inspector <b>Lauren Saunders</b>	Out:		

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#### FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned/Knowledgeable/Duties

#### EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
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	Y	27. Physical Facility (FC-6)(590.007)
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**DATE OF RE-INSPECTION:**

Inspector's Signature <b>Lauren Saunders</b>	Print: <b>Lauren Saunders</b>	Page ___ of ___ Pages
PIC's Signature <b>Darcie Branch</b>	Print: <b>Darcie Branch</b>	





# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

Tel. (978) 630-4013 (fax) (978) 632-4682

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Gardner Middle School	Date	9/26/18	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	297 Catherine St	Risk Level		<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Re-inspection	
Telephone	(978) 632-1603	HACCP Y/N		<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	Previous Inspection Date:	
Owner	Gardner Public Schools			<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Pre-operation	
Person-in-Charge (PIC)		Time In:		Permit No.		<input type="checkbox"/> Suspect Illness	
Inspector	Lauren Saunders	Time Out:				<input type="checkbox"/> General Complaint	
						<input type="checkbox"/> HACCP	
						<input type="checkbox"/> Other	

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Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red

Items)

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Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

### FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned/Knowledgeable/Duties

### EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

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☐ 22. Posting of Consumer Advisories

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DATE OF RE-INSPECTION:

Inspector's Signature:	Lauren Saunders	Print:	Lauren Saunders
PIC's Signature:	Jessica Rousseau	Print:	Jessica Rousseau
			Page 1 of 2 Pages



Establishment Name: Gardner Middle School Date: 9/26/18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Rod Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Rear handwash sink leaking in 3 places when on. - Pipe underneath - faucet spraying water onto wall - HW handle	
			Both hand wash sinks only reach 92° must reach 113° for sanitization purposes - Sink in dishwashing area hit 100°	
			Wheel still pops off walk-in	
			Steamer not working per staff	
			Kettle not working per staff	
			Knobs on oven broken	
			Staff reports ovens do not consistently work - please address broken oven	
			Everything clean, kumps good!	
Discussion With Person in Charge:			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure
				<input type="checkbox"/> Other:

# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

Tel. (978) 630-4013 [fax] (978) 632-4682

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Gardner Middle School	Date	12/11/19	Type of Operation(s)	Type of Inspection
Address	297 Catherine St.	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	603-2-1603			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	GPS	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person-in-Charge (PIC)				<input type="checkbox"/> Mobile	Date:
Inspector	Lauren Saunders	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
		Time Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
				Permit No.	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.  
Non-compliance with:

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

### FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned/Knowledgeable/Duties

### EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands  
☐ 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time as a Public Health Control

### REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
X		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
X		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: Lauren Saunders	Print: Lauren Saunders	Page 1 of 2 Pages
PIC's Signature: Katrina Bressani	Print: Katrina Bressani	



# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

Tel. (978) 630-4013 [fax] (978) 632-4682

## FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Waterford St. School</u>	Date <u>10/3/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>62 Waterford St</u>	Risk Level <u>NONE</u>	Permit No.	
Telephone <u>(978) 632-1605</u>	HACCP Y/N		
Owner <u>Gardner Public Schools</u>	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <u>Lauren Saunders</u>			

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Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Allergen Awareness 590.009 (G) ☐

### FOOD PROTECTION MANAGEMENT

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### EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

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### PROTECTION FROM CONTAMINATION

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### CONSUMER ADVISORY

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Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Lauren Saunders</u>	Print: <u>Lauren Saunders</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Angela J. Lyon</u>	Print: <u>Angela J. Lyon</u>	

Page: 2 of 2

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# City of Gardner

Address: 95 Pleasant St.  
Gardner, MA 01440

## FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (978) 630-4013 [fax] (978) 632-4682

Name	Waterford Street School	Date	10/11/19	Type of Operation(s)	Type of Inspection
Address	102 Waterford St.	Risk Level	NONE	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	978-632-1105	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	GPS	Time In:		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person-in-Charge (PIC)		Time Out:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Lauren Saunders	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
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### FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned/Knowledgeable/Duties

### EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

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### CONSUMER ADVISORY

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		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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**DATE OF RE-INSPECTION:**

Inspector's Signature: Lauren Saunders	Print: Lauren Saunders	Page 1 of 2 Pages
PIC's Signature: Angela J. Lyon	Print: Angela J. Lyon	

Waverford Street School Date: 6/11/19

Date:

Page 1

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2

**Discussion With Person in Charge:**